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PTO/SB/21 (08-00)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/513646	
	Filing Date	02/25/00	
	First Named Inventor	DANIEL A. FORD	
	Group Art Unit	2645	
	Examiner Name	ESCALANTE, OVIDIO	
Total Number of Pages in This Submission	6	Attorney Docket Number	AM9-99-0165

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): post card RECEIVED AUG 12 2004 Technology Center 2600
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LEONARD T. GUZMAN, REGISTRATION NO. 46,308
Signature	
Date	08/06/04

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on this date: 08/06/04	
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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**310**

Complete if Known

Application Number **09/513646**
Filing Date **02/25/00**
First Named Inventor **DANIEL A. FORD**
Examiner Name **ESCALANTE, OVIDIO**
Group Art Unit **2645**
Attorney Docket No. **AM9-99-0165**

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AUG 12 2004

METHOD OF PAYMENT	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	
Deposit Account Number	090441
Deposit Account Name	IBM Corporation
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2. <input type="checkbox"/> Payment Enclosed:	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION					
1. BASIC FILING FEE					
	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
	101 710	201 355	Utility filing fee		
	106 320	206 160	Design filing fee		
	107 490	207 245	Plant filing fee		
	108 710	208 355	Reissue filing fee		
	114 150	214 75	Provisional filing fee		
SUBTOTAL (1) (\$)					0

2. EXTRA CLAIM FEES					
Total Claims		-20** =		X	Fee from below = 0
Independent Claims		-3** =		X	Fee Paid = 0
Multiple Dependent					
Large Entity Fee Code (\$)					
Small Entity Fee Code (\$)					
Fee Description					
103 18	203 9	Claims in excess of 20			
102 80	202 40	Independent claims in excess of 3			
104 270	204 135	Multiple dependent claim, if not paid			
109 80	209 40	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)					0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES					
	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for ex parte reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 390	216 195	Extension for reply within second month			
117 890	217 445	Extension for reply within third month			
118 1,390	218 695	Extension for reply within fourth month			
128 1,890	228 945	Extension for reply within fifth month			
119 310	219 155	Notice of Appeal			310
120 310	220 155	Filing a brief in support of an appeal			
121 270	221 135	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,240	241 620	Petition to revive - unintentional			
142 1,240	242 620	Utility issue fee (or reissue)			
143 440	243 220	Design issue fee			
144 600	244 300	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Processing fee under 37 CFR 1.17(q)			
126 180	126 180	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))			
179 710	279 355	Request for Continued Examination (RCE)			
169 900	169 900	Request for expedited examination of a design application			
Other fee (specify) _____ PUBLICATION					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	310

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	LEONARD T. GUZMAN	Registration No. (Attorney/Agent)	46,308
Signature		Telephone	(408) 927-3377
		Date	08/06/04

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